

POLICY NUMBER 11468976-09	DWELLING SWORN STATEMENT IN PROOF OF LOSS	Amount of Policy \$2,423,000 - Dwelling	
AGENT Aon Private Risk Management Insurance Agency, Inc.	TO	ISSUED 09/01/2018	EXPIRES 09/01/2019



To Chubb National Insurance Company. At time of loss, by the above referenced policy of insurance you insured the property at 468 Lakeside Terrace, Glencoe, IL 60022 against loss by Risk of Direct Physical Loss to the property described under the terms and conditions of the aforementioned policy and all forms, endorsements, transfers and assignments attached thereto.

1. **Time and Origin:** February 1, 2019 - The cause and origin of the said loss was water damage and subsequent negligent conduct.
2. **Occupancy:** The building described was occupied by Ken, Amy, Zoe, and Liem Wexler at the time of the loss.
3. **Title and Interest:** At the time of the loss, title to the property was held by Amy Wexler, Trustee of the Amy Brent Wexler 1996 Declaration of Trust dated August 9, 1996, with a mortgage held by BNY Mellon. No other person or persons had any interest therein or encumbrance thereon.
4. **Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described.
5. **Total Insurance:** The total amount of dwelling insurance upon the property described by this policy was, at the time of the loss \$2,423,000, plus extended replacement cost, as more particularly specified in the above referenced policy, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.
6. **The Gross Amount Claimed** of said property at the time of the loss was: \$ 3,302,466.50
7. **Less the policy deductible of:** \$ N / A
8. **The Net Amount Claimed** under the above numbered policy is: \$ 3,302,466.50
9. **Less prior payments** of: \$ N / A
10. **The Net Amount** Owed under the above numbered policy is: \$ 3,302,466.50

The said loss did not originate by any act, design or procurement on the part of your insureds, or these affiants; nothing has been done by or with the privity or consent of your insureds or these affiants, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this form or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights. Nor is it a waiver of the rights of the owner/insureds, mortgagor, or mortgagees.

State of Illinois _____ Insured Signature [Signature]

County of Cook _____ Insured Signature [Signature]

Subscribed and sworn to, before me this: 23 day of April, 20 20

[Signature]

